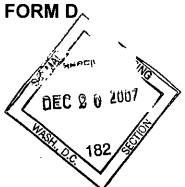
UNITED STATES



SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL							
OMB Number:	3235-0076						
Expires: May 31, 2008							
Estimated average burden							
hours per response 16.00							
SEC USI	E ONLY						
Prefix	Serial						
1	¥.						

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series B Preferred Stock Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	A ADDINI BERMITARIN BETALIRAN METALININ BERDATAN META
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Balihoo, Inc.	07087348
Address of Executive Offices (Number and Street, City, State, Zip Code) 404 South 8th Street, Suite 400, Boise ID 83702	Telephone Number (Including Area Code) (201) 612-0707
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code) PROCESSED
Brief Description of Business Search engine focused on the media planning and buying industry.	JAN 0 9 2008
Type of Business Organization Corporation Ilmited partnership, already formed business trust Ilmited partnership, to be formed other	THOMSON FINANCIAL (please specify):
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual Estimated ate: DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A	. BASIC IDI	ENTI	FICATION DATA				
Each beneficial owrEach executive office	quested for the follow e issuer, if the issuer ha her having the power to her and director of corp anaging partner of partr	s been vote o orate is	or dispose, or direct the ssuers and of corporate	vote	or disposition of, 10%				
Check Box(es) that Apply:	Promoter	☒	Beneficial Owner	☒	Executive Officer	⊠	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Gombert, Peter									
Business or Residence Addre	ss (Number and Street	t, City	, State, Zip Code)						
404 South 8th Street, Suite	400, Boise ID 83702								
Check Box(es) that Apply:	Promoter	⊠	Beneficial Owner	⊠	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)		•						
Adam, Vincent									
Business or Residence Addre	·	t, City	, State, Zip Code)						
404 South 8th Street, Suite		_							
Check Box(es) that Apply:	Promoter		Beneficial Owner	<u></u>	Executive Officer	⊠	Director		General and/or Managing Partner
Full Name (Last name first, i Solon, Mark	f individual)								
Business or Residence Addre	ss (Number and Street	t City	State Zin Code)						
802 West Barnnock, 7th Flo	,	., 0,	, oute, isip coue,						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							• •	
Keziah, Sanford									
Business or Residence Addre	ss (Number and Stree	t, City	, State, Zip Code)						
404 South 8th Street, Suite	400, Boise 1D 83702								
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Blackfin Holdings, LLC	·								
Business or Residence Addre 1702 W. Fairview Ave., Boi	•	t, City	, State, Zip Code)	_					
Check Box(es) that Apply:	Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Lacuna Venture Fund LLL	P				<u> </u>				
Business or Residence Addre	ss (Number and Street	t, City	, State, Zip Code)						
1100 Spruce Street, Suite 20	2, Boulder CO 8030	2							
Check Box(es) that Apply:	Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Highway 12 Venture Fund	II, L.P. and related e	ntities	i						
Business or Residence Addre	ss (Number and Street	t, City	, State, Zip Code)						
802 West Barnnock, 7th Flo	or, Boise ID 83702								
	(Use blank	sheet,	or copy and use add	litiona	I copies of this sheet	, as ne	cessary)		

Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Saves as less in Appendix, Column 2, if Illing under ULOE. Answer also in Appendix, Column 2, if Illing under ULOE. Saves in Appendix, Column 2, if Illing under ULOE. Saves in White the minimum investment that will be accepted from any individual? Saves in White the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar person or agend of a broker or defer registered with the SEC and/or with a state or states, list the same of the broker or deder. If more than the SEC and/or with a state or states, list the same of the broker or deder. If more deleter only in the same of the broker or deder. If more deleter only in the same of the broker or deder. If more deleter only in the same of the broker or deder. If more deleter only in the same of the broker or deder. If more deleter only in the same of the broker or deder. If more deleter only in the same of the broker or deder. If more deleter only in the same of the broker or deder. If more deleter only in the same of the broker or deder. If more deleter only in the same of the broker or deder. If more deleter only in the same of the broker or deder. If more deleter only in the same of the broker or deder. If more deleter only in the same of the broker or deder. If more deleter only in the same of the broker or deder. If more deleter only in the same of the broker or deleter. If more deleter only in the same of t					B.	INFOR	MATION A	ABOUT OF	FERING				
2. What is the minimum investment that will be accepted from any individual?	1. Has	s the issuer sold,	or does the is	ssuer intend (
3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SFC and/or with a state or states, list the name of the broker or dealer. From the information for his broker or dealer. From the information for that brok	2. Wh										\$n	o minimum_	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar temmeration for solicitation of purchasers in connection with sales of securities in the offering. If a preson to be listed is an associated person or agent of a broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer. You may set forth the information for that broker or dealer are dealer only. Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [IS] [IS] [IV] [ILA] [ME] [MD] [IMA] [MI] [MN] [MN] [MN] [MN] [MN] [MN] [MN] [MN	3 Doo	es the offering ne	ermit joint ov	vnership of a	single unit?								No □
person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than the (S) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) NA Business or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)	4, Ent	er the informatio	n requested f	or each perso	n who has be	en or will be	paid or giver	, directly or	indirectly, an	y commissio	n or similar		_
Publi Name (Last name first, if individual) N/A	per tha	son or agent of a n five (5) persons	broker or dea	aler registered	with the SE	C and/or wit	h a state or st	ates, list the	name of the b	roker or deal	er. If more		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States).	Full Nam		st, if individu	ual)									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)		or Residence Ac	idress (Numl	ber and Stree	t, City, State	, Zip Code)			<u> </u>				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)	Name of	Associated Deal	as as Daolas								 	···	
All States Check "All States" or check individuals States	Name of	Associated blok	er or Dealer										
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Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)	[MT] [NE]	[NV]	[NH]	[[[[NM]	[NY]	[NC]	[ND]		• -		• •
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(Check "All States" or check individuals States)	Name of	Associated Brok	er or Dealer										
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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)		or Residence Ad	dress (Numl	ber and Stree	t, City, State	, Zip Code)		,					
(Check "All States" or check individuals States)	Name of	Associated Brok	er or Dealer							<u> </u>	· · · · · · · · · · · · · · · · · · ·		
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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] (Use blank sheet, or copy and use additional copies of this sheet, as necessary)	[RI]	[SC]	[SD]								[WI]	[WY]	[PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROC	EEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggno	anto.	Amo	unt Already
	Type of Security	Aggre Offering		Anio	Sold
	Debt	s	-0-	\$	0-
	Equity	\$ <u>4,499</u>	,999.62	\$ <u></u>	‡ <u>,000,000.27</u>
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	-0-	s	-0
	Partnership Interests	s	-0-	\$	-0-
	Other (Specify)	\$	-0	\$	-0-
	Total	\$ <u>4,499</u>	,999.62	\$ <u></u>	1,000,000,27
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Num'		Doll	ggregate ar Amount Purchase
	Accredited investors		5	\$ <u>4</u>	,000,000.27
	Non-accredited Investors		-0-	\$	-0-
	Total (for filings under Rule 504 only)			S	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Туре	of.	Dall	ar Amount
	Type of Offering	Secui		DUI	Sold
	Rule 505	n/a	<u> </u>	\$	
	Regulation A	n/a	1	\$	
	Rule 504	n/a	1	\$	
	Total	n/:	1	S	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	-0-
	Printing and Engraving Costs			\$	-0-
	Legal Fees		\boxtimes	s	21,064.00
	Accounting Fees			\$	-0-
	Engineering Fees	•		s	-0-
	Sales Commissions (specify finders' fees separately)			\$	-0-
	Other Expenses (identify)			s	-0-
	Total		\boxtimes	\$	21,064,00

		EDS
C - Question 4.a. This difference is the "adjusted gross		\$_4 ,478,935.62
pose is not known, furnish an estimate and check the bo s listed must equal the adjusted gross proceeds to the is	x to the	
	Payments to Officers, Direct Affiliates	ors & Payments To
	S	0- \$ -0-
		<u>o-</u>
machinery and equipment	s	<u>0-</u>
d facilities	🗆 s	<u>o-</u>
e value of securities involved in this offering that may of another issuer pursuant to a merger)	be 	0-
	s <u>-</u>	<u>0- </u>
	s	0- 🛛 \$_4,478,953.62
	;	
	s	0- 🛛 \$4,478,953.62
dded)	🖂 s	4,478,953.62
D. FEDERAL SIGNATURE		
es and Exchange Commission, upon written request of its	led under Rule 505, the fo staff, the information fu	ollowing signature constitutes ar nished by the issuer to any non
Signature	Date	
a of the	12/14/0	די
1		
Title of Signer (Print of Type)		
	E	ND
ATTENTION		
	C. Question 4.a. This difference is the "adjusted gross as proceeds to the issuer used or proposed to be used for pose is not known, furnish an estimate and check the bost listed must equal the adjusted gross proceeds to the issue. The machinery and equipment	ss proceeds to the issuer used or proposed to be used for each of pose is not known, furnish an estimate and check the box to the slisted must equal the adjusted gross proceeds to the issuer set ve. Payments to Officers, Direct Affiliates S